

**WESTLAKE HIGH SCHOOL
PARENT-GUARDIAN PERMISSION FORM**

I hereby give permission for my child, _____ to participate in the field trip to _____ on _____ leaving at _____ and returning at _____.

I understand that my child will be leaving school property and will be transported by

(Bus, Private Vehicle, etc)

I understand that the School System has arranged for supervision. Further that teachers and other supervisors cannot prevent all injuries and that each student is expected to obey all the rules, regulations and instructions.

In the event of an emergency, I can be reached by telephone at _____.

If I cannot be reached, I agree to permit the supervisor of this activity to authorize emergency medical treatment for my child. Further, I understand the School System does not carry medical insurance on the students.

In the event of an emergency, or in case the trip is delayed for any reason, I want to make you aware of the following medical conditions, or other information concerning my child:

I acknowledge that I am the natural and/or legal guardian and am acting in such capacity and further that I understand the contents of this document.

PLEASE PRINT GUARDIAN NAME: _____

_____ (Guardian Signature)

_____ (Date)

Return this form to school, Thank you.

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